

South Dakota Board of Nursing

South Dakota Department of Health
722 Main Street Suite 3, Spearfish, SD 57783
(605) 642-1388; FAX: 642-1389; www.state.sd.us/don/nursing

Medication Administration Training Program for Unlicensed Assistive Personnel

Application for Re-Approval of Training Program

Application	n for Re-	Approval of Ti	raining Progra	III3			
Medication administration may be delegated program pursuant to ARSD 20:48:04.01:14 the Board of Nursing for approval. Writter of all required documents. Send complete for fax above.	t. An appli	cation along wit	th required docu	menta	tion mus	t be sul	omitted t
Name of Institution: Highmore He	ealth						-
Name of Primary Instructor: Tammi		man. PN					
Address: 410 8th Street SE	1	masi; DV					
Highmore 50 573					-	-	
Phone Number: (a)5-852-22.55		Eav No.	1-00-6	3	2262		
mail Address of Faculty: tanny. Can	lman 6) high mage ha	iber: <u>Le05 - 8</u>	104	dd 61		
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